

Toll-free 1-877 We Care8 1-877-932-2738

Call 8 a.m. to 6 p.m., Monday - Friday English, Spanish, Cantonese and Vietnamese Other languages available through AT&T Language Line

The Best Rates in Alameda County Ranging from \$4 per child and \$7 per adult per month

Why Choose the Alliance?

Alameda Alliance for Health (Alliance) offers members choice—choice of more than 1,300 doctors and other health care providers, with 13 hospitals, 26 community health centers and 160 pharmacies throughout Alameda County. Our commitment to our members is to provide quality care and services.

How the Plan Works

When you enroll in the Alliance, you may choose doctors for your family who meet your language needs and have office hours that are convenient for you.

If you need a specialist, your doctor will refer you.

If for some reason you want to change doctors, simply call our Member Services department.

In addition, the Alliance offers:

- Advice Nurse Services. A nurse will take your call and provide helpful
 advice to make sure you get the care your family needs. Available 24hours a day by phone. Call toll-free at 1-800-922-1242. Free to Alliance
 members.
- **Health Promotion.** We offer classes to support a healthy lifestyle. Class topics include: *car seat safety, healthy eating, how to parent, exercise, diabetes, and asthma care.* These classes are offered at locations throughout Alameda County. Audio tapes and a variety of brochures on health education topics are available. Free to Alliance members.
- **Interpreter Services.** The Alliance will help arrange for an interpreter for your doctor's visit. Free to Alliance members.

How to Enroll

It's easy! Write *Alameda Alliance for Health* on the application, and select a doctor (also called a Primary Care Provider or PCP). If you have any questions about the Alameda Alliance for Health, or need help choosing a doctor, call us toll-free at 1-877-932-2738.



BLUE CROSS EPO

1-800-227-3238 Call 7 a.m. to 5 p.m. Multiple Languages

A Blue Cross plan is available in every county!

Why Become a Blue Cross Member?

- We have one of the largest selections of doctors in the Healthy Families Program. Call us for a listing!
- Blue Cross EPO has no PCPs; you can go directly to any doctor or specialist in our EPO network.
- We are the low-cost Community Provider Plan in most counties... probably yours!
- You can talk to a nurse 24-hours a day, free.
- Blue Cross of California has been a trusted name in California health care for over 60 years.
- Nearly 5 million members in California depend on Blue Cross.

Blue Cross of California is chosen by more Healthy Families members statewide than any other plan!

How Our Plan Works

You get the care you need: You can go to any doctor in our large Prudent Buyer network of pediatricians, OB/GYNs, family and general practice doctors - anywhere in the state. You can go directly to any Prudent Buyer specialist, when needed.

You get the prescriptions you need: You can use any of our many drug stores: Rite Aid, Walgreens, Longs, Sav-On and more, including lots of local, independent drug stores. Prescriptions are just \$5.

You get the answers you need: Our friendly and helpful Customer Service Representatives are available to help you Monday through Friday, 7 a.m. to midnight. For after-hours care, you can call your doctor or our nurse health information line.

We reward you for taking your infant for immunizations and your toddler for well-child visits. Our **new Member Rewards Program** offers rewards like bicycle helmets, electronic thermometers, booster car seats, humidifiers and baby monitors.

How to Enroll

Write *Blue Cross EPO* on the application. Do you have questions? Call us at 1-800-227-3238.

Blue Cross of California is an Independent Licensee of the Blue Cross Association. ® Registered mark of the Blue Cross Association.



BLUE CROSS HMO

1-800-227-3238 Call 7 a.m. to 5 p.m. Multiple Languages

A Blue Cross plan is available in every county!

Why Become a Blue Cross Member?

- We have a large selection of doctors located near you.
- We are the low-cost Community Provider Plan in many counties... probably yours!
- You can talk to a nurse 24-hours a day, free.
- Teens have their own free, 24-hour information line.
- We have local Blue Cross staff in your community to help you.
- Blue Cross of California has been a trusted name in California health care for over 60 years.
- Nearly 5 million members in California depend on Blue Cross.

Blue Cross of California is chosen by more Healthy Families members statewide than any other plan!

How Our Plan Works

You get the care you need: You can choose your doctor from our large network of pediatricians, OB/GYNs, family and general practice doctors. You can change doctors at any time by calling Blue Cross. Your doctor can send you directly to a specialist, when needed.

You get the prescriptions you need: You can use any of our many drug stores: Rite Aid, Walgreens, Longs, Sav-On and more, including lots of local, independent drug stores. Prescriptions are just \$5.

You get the answers you need: Our friendly and helpful Customer Service Representatives are available to help you Monday through Friday, 7 a.m. to midnight. For after-hours care, you can call your doctor or our nurse health information line.

We reward you for taking your infant for immunizations and your toddler for well-child visits. Our **new Member Rewards Program** offers rewards like bicycle helmets, electronic thermometers, booster car seats, humidifiers and baby monitors.

How to Enroll

Write *Blue Cross HMO* and the name of our doctor you want (if you know it) on the application. Do you have questions? Call us at **1-800-227-3238**.

Blue Cross of California is an Independent Licensee of the Blue Cross Association.

® Registered mark of the Blue Cross Association.



An Independent Member of the Blue Shield Association

1-800-424-6521

Call 7 a.m. to 5 p.m., Monday - Friday for an English- or Spanish-speaking representative (Help in 140 other languages through AT&T's Language Line)

Blue Shield of California has a 60-year legacy of superior member service. Our service professionals have earned the trust and confidence of more than 2 million members.

Why Should You Choose Blue Shield EPO?

Our EPO plan offers distinctive health plan features that go beyond the basics, such as:

- Access to our Preferred Provider Network of more than 50,000
 Preferred Providers and 340 hospitals that can provide you with quality
 healthcare services.
- A variety of health and wellness resources--at no extra charge--such as self-care books, a member newsletter and preventive health guidelines.
- Mylifepath.comSM, our award-winning health and wellness Web site for quick and easy access to personalized health information that's relevant to your California lifestyle.
- Recognition by the Utilization Review Accreditation Committee, who awarded us a Certification of Accreditation for our Utilization Management Program.

How the Plan Works

As a Blue Shield EPO Plan member, you have the flexibility to decide which network physician or hospital to use *each and every time* you need medical care. Simply present your Blue Shield member ID card to any Preferred Provider at each visit and we take care of the rest. And the plan is even easier to use since there are virtually no claims forms to fill out.

Medically necessary outpatient prescription drugs are covered when you receive them from a Blue Shield-participating Pharmacy.

How to Enroll

Write "*Blue Shield EPO*" on the application as your health plan choice. For help in selecting a Preferred Provider, contact Customer Services at **1-800-424-6521**.



An Independent Member of the Blue Shield Association

1-800-424-6521 Call 7 a.m. to 5 p.m., Monday - Friday for an English- or Spanish-speaking representative (Help in 140 other languages through AT&T's Language Line)

Blue Shield of California has a 60-year legacy of superior member service. Our service professionals have earned the trust and confidence of more than 2 million members.

Why Should You Choose Blue Shield HMO? Our HMO plan offers distinctive health plan features that go beyond the basics, such as:

- Access to more than 14,000 physicians and 220 hospitals.
- A variety of health and wellness resources--at no extra charge--such as self-care books, a member newsletter and preventive health guidelines.
- Mylifepath.comSM, our award-winning health and wellness Web site for quick and easy access to personalized health information that's relevant to your California lifestyle.
- Recognition from the National Committee of Quality Assurance (NCQA), that awarded the HMO Commercial Product with a Commendable Accreditation because of demonstrated levels of service and clinical quality that meet or exceed NCQA's rigorous requirements for consumer protection and quality improvements.

How the Plan Works

As a Blue Shield member, you'll have the choice of selecting a Personal Physician who will provide or arrange for all your necessary healthcare services. Your Personal Physician or on-call physician is just a phone call away 24 hours a day, seven days a week. All specialty services are provided or arranged by your Personal Physician.

Each member can select a different Personal Physician from our extensive HMO provider network, and you can change your Personal Physician at any time. Changes become effective the first of the following month, unless you are hospitalized, receiving treatment or pregnant.

Medically necessary outpatient prescription drugs are covered when you receive them from a Blue Shield-participating Pharmacy. Blue Shield offers two elective plans: one including elective abortion and the other excluding elective abortions.

How to Enroll

Write "Blue Shield HMO" on the application as your health plan choice. For help in selecting a Personal Physician, contact Member Services at 1-800-424-6521.



1-800-530-2899

Call 8 a.m.-5:30 p.m., Monday-Friday English, Spanish, Vietnamese and many other languages through AT&T's Language Line

Why Choose CalOptima Families?

When selecting health coverage for your family, it is important to select a provider that understands your needs. We take pride in being Orange County's Community Provider Plan, a designation that helps us provide top quality medical care at prices you can afford.

Because Orange County is CalOptima Families' specialty, we can offer our members more than 500 primary care physicians and over 500 pharmacies in your community. Our staff speak your language and understand your concerns. We strive to keep your family up-to-date with mailed information and special courses on children's health, nutrition and safety.

How the Plan Works

When you enroll, you will need to choose a doctor from one of our Health Networks. This doctor will be your primary care physician and will provide routine medical care, in addition to arranging any special services you may need, including X-rays, therapy or hospital care.

Getting your prescribed medication is easy and convenient. Show your prescription and CalOptima Families ID card at one of our many pharmacies and only pay the co-payment. Many pharmacies can even fill your prescription by mail.

You can change your primary care physician to another physician in your network at any time. If your doctor cannot be reached during an emergency, call 911 or go directly to your nearest hospital emergency room. Make sure to always have your child's CalOptima Families ID card with you.

How to Enroll

Write *CalOptima Families* and the name of your current doctor in the spaces provided on the application. If you have questions about CalOptima Families or need assistance selecting a doctor, call our customer service department at **1-800-530-2899**.



1-800-605-2556

Call 8:00 a.m. to 5:00 p.m.—Monday through Friday
Care1st Member Services Department is staffed with representatives
who are ready to help you. The Member Service Department is staffed
with representatives who speak English, Spanish, Russian, and
Armenian. Other languages such as Chinese, and Vietnamese are also
available through the Language Line Service.

Why join $Care1^{St}$ Health Plan? . . . Because $Care1^{St}$ is responsive to all your needs!!!

We have . . .

- Many primary care doctors located close to you who speak your language.
- Many specialists to help you when needed.
- Free transportation to your doctor when you have no other means of getting there.
- We have interpreters. Call us in any language and we will assist you in your language.
- Over 1400 pharmacies, including Sav-On, Rite Aid and other pharmacies—many have 24-hour service.

How Our Plan Works

- Choose a Primary Care Doctor (PCP) who will coordinate all of your health care. Call him/her whenever you have a medical problem. The PCP will make all the arrangements to see specialists from Care1st Health Plan's large network of specialists.
- Identification Cards will be sent before enrollment. Show this card whenever you or your child sees the doctor, goes to the hospital, or when picking up a prescription.
- A nurse-case manager will assist members with complicated medical conditions.
- As a member, you can change your or your child's PCP/doctor by calling Care1st.
- Call Care1st Member Services Department at 1(800) 605-2556 whenever you have a question or a problem.

How to Enroll

Write Care1st Health Plan—Plan Code 1028 and the name of our doctor you want (if you know it) on the Healthy Families Application Form. For help call Care1st at 1(800) 605-2556.

Thank you for choosing **Care1st Health Plan**. Your children's health is very important to us.



1-800-700-3874 Call 8:00 a.m. to 5:00 p.m. www.ccah-alliance.org English and Spanish We use the Language Line for other languages.

Why Choose Central Coast Alliance for Health?

- We were created to improve health care access for the people who live here.
- We are the local, non-profit community provider plan serving 70,000 people in Santa Cruz and Monterey Counties.
- Our Member Services staff is friendly, local, and speaks both Spanish and English.
- We have offices in Santa Cruz, Watsonville and Salinas.
- We have nurses, social workers and health educators on staff here to help you when needed.
- Our members can choose from many doctors, clinics and pharmacies.
- Female members can see an OB/GYN doctor without a referral.

How the Plan Works

- You choose a doctor or clinic who will take care of your basic health care needs and who will refer you to a specialist when you need specialty care.
- You can change your primary care doctor as often as once a month.
- You can get prescription drugs from a choice of many chain and neighborhood pharmacies.
- Doctors prescribe from a list of drugs that is developed by local doctors and pharmacists. If you doctor thinks you need a drug that is not on the list, the doctor can contact our pharmacy staff for approval.
- If you need urgent care you can call your doctor 24 hours a day, seven days a week.
- If you have an emergency, please go to a hospital emergency room or call 911.

How to Enroll

 Write Central Coast Alliance for Health and your choice of a doctor or clinic on your Healthy Families Application. If you have any questions call us toll free at 1-800-700-3874. We are here to help you.



1-800-224-7766
Mon. - Fri. 8 a.m. to 9 pm.
Saturday 8 a.m. to 5 p.m.
Sunday 8:30 a.m. to 12:30 p.m.
English, Spanish, Vietnamese, & Tagalog
Over 140 other languages available through
Language Line

Why Choose Community Health Group?

We have been caring for people in San Diego County since 1982. As a nonprofit health plan, we reinvest our resources in new programs and services. Based on our large provider network, we have been designated San Diego County's *Community Provider Plan* for the past 5 years. This designation allows us to offer premiums that range from \$4 - \$6 per child per month and \$7-\$17 per parent subscriber per month.

Our members have access to:

- A 24-Hour Telephone Advice Nurse.
- Nearly 500 primary care doctors and over 1,900 specialty doctors.
- Over 300 pharmacies, including Rite Aid, Sav-on, Longs, Wal-Mart and many neighborhood pharmacies.
- Most local hospitals, including Children's Hospital and Scripps Hospitals.
- Multi-lingual health education services and materials.

How the Plan Works

- You can choose your doctor, or we can help you find one who best meets your needs.
- You will receive a welcome packet with information on our services, a *Member ID Card*, and a *Prescription Drug Card*.
- You can go to any of our pharmacies or order prescription drugs through the mail.
- Urgent care services are available 24 hours a day and are authorized through your doctor or referred by the Telephone Advice Nurse.
- For emergencies, call 911 or go to the nearest hospital emergency room.

How to Enroll

Write *Community Health Group* on your application, along with the name of the doctor you want. If you have any questions, or need help choosing a doctor, call us toll-free at **1-800-224-7766**.



1-800-475-5550 Call 24 Hours a Day English, Spanish Interpreting services for all other languages

Why Choose Community Health Plan/Universal Care?

Community Health Plan, in partnership with Universal Care, is proud to bring you a large network of physicians and public and private hospitals. Together, Community Health Plan and Universal Care give eligible children and parents access to health care providers right in their community, including hospitals with special children's services. The partnership has been selected as the Community Provider Plan in Los Angeles County and offers elibible children and parents many advantages, including:

- Premiums ranging from \$4 per child per month to a maximum of \$18 for all subscriber children in the family; and ranging from \$7 to \$17 per month per eligible parent
- Many, many choices: Thousands of doctors
 - Over 1,400 pharmacies; many open 24 hours
- Doctors who speak your language and understand your culture and values
- · Extended hours and weekend services
- 24-hour, toll-free Telephone Advice Nurse
- Urgent care centers open until 11:00 p.m., 7 days a week

How the Plan Works

- You can choose your personal primary care doctor when you enroll.
- To change doctors, call our Membership Services Office.
- You receive an ID card for medical services and prescriptions.
- Your primary care doctor will coordinate all your care including specialty and hospital care.
- In an emergency, call 911 or go to the nearest Plan hospital emergency room or to any hospital emergency room.
- All emergency transportation is covered.
- Prescriptions for brand name (specified by your doctor) and generic medications are filled at our pharmacies.
- Maintenance medications can be delivered by mail.
- Questions? Call our Membership Services staff for help.

How to Enroll

Write *Community Health Plan/Universal Care* in the space provided on the application. Then select a primary care provider (PCP) and write his or her name and code number in the space provided. If you need help in selecting a PCP, please call Community Health Plan, 1-800-475-5550, or Universal Care, 1-800-974-3348.



1-800-661-6230 (press 2)
Call 8 a.m. to 5 p.m., Monday - Friday
(except Holidays)
English and Spanish

Why Choose Contra Costa Health Plan?

Contra Costa Health Plan offers your family peace of mind as well as high quality care. We conform to the highest standards of medical care. CCHP has the stability of over 25 years of service to more than 55,000 members. As the Community Provider Plan in Contra Costa County, our premium rates are the lowest. HFP premiums are \$4 or \$6 per month per child and \$7 or \$17 per month per adult.

How the Plan Works

You may have chosen a primary care provider (PCP) before enrollment. If not, you will be assigned one. You can change your PCP anytime. During the first month this change is effective immediately. After the first month, you may change once a month, and the change will be effective the first of the following month. For help choosing a doctor or making a change, call Member Services at 1-877-661-6230 (press 2).

If needed, your primary care provider can refer you to any specialist who contracts with Contra Costa Health Plan.

If you become sick and feel you should see a doctor, you can call the 24-hour Advice Nurse Service, one of only 16 Advice Nurse Programs in the country accredited by URAC. A nurse will make an urgent care appointment for you or refer you to your doctor's office if medical treatment is necessary.

When you enroll you will be given a Plan ID card. This card includes a PCN number that enables you to get prescriptions at most pharmacies in Contra Costa County. If you forget your card, you can get your prescription filled by giving the pharmacist the information he or she requests. You can also get your prescription filled at one of our three Health Center pharmacies.

CCHP uses a Preferred Drug List and generic substitutes when they are available. If you need a brand name drug or one that is not on the preferred list, your doctor will work with the Plan to get you the medicine you need.

How to Enroll

Write *Contra Costa Health Plan* in the space provided on the Healthy Families application. If you need assistance with your application, call 1-800-211-8040.



Toll-free 1-888-231-9473, option 3 Call 24 hours a day, 7 days a week Multilingual Customer Service

Why choose Health Net Life EPO?

Health Net has been around for more than 20 years. We provide health care coverage to Californians just like you. Our plan is affordable and designed to cover your medical needs. Our business is taking care of you.

- One of California's largest health care plan providers
- More than 2.4 million members
- 48,000 contracted physicians, 420 hospitals, 4,400 pharmacies statewide
- 24-hour toll-free nurse advice line
- Web site with doctor search function and health tips
- Plan underwritten by Health Net Life, a subsidiary of Health Net

How Health Net Life EPO works

- You choose a Primary Care Physician, who will be your regular doctor, and a physician group.
- Your doctor will provide specialist referrals when needed.
- You may switch your doctor as often as once monthly.
- Prescriptions are covered at participating pharmacies. Show your prescription and Health Net ID card when you present your prescription.
- Doctors use our approved list of drugs containing generic and brand name medications.
- For after-hours care, contact the office of one of the doctors in our network or call the 24-hour nurse advice line for immediate response.
- In case of emergency, call 911 or go to your nearest emergency room.

How to enroll

Write *Health Net Life EPO* on your application. If you need assistance choosing a doctor or completing the form, call **1-888-231-9473**, option 3.



Toll-free 1-888-231-9473, option 3 Call 24 hours a day, 7 days a week Multilingual Customer Service

Why choose Health Net HMO?

Health Net has been around for more than 20 years. We provide health care coverage to Californians just like you. Our plan is affordable and designed to cover your medical needs. Our business is taking care of you.

- One of California's largest health care plan providers
- More than 2.4 million members
- 48,000 contracted physicians, 420 hospitals, 4,400 pharmacies statewide
- 24-hour toll-free nurse advice line
- Web site with doctor search function and health tips

How Health Net HMO works

- You choose a Primary Care Physician, who will be your regular doctor, and a physician group.
- Your doctor will provide specialist referrals when needed.
- You may switch your doctor as often as once monthly.
- Prescriptions are covered at participating pharmacies. Show your prescription and Health Net ID card when you present your prescription.
- Doctors use our approved list of drugs containing generic and brand name medications.
- For after-hours care, contact the office of one of the doctors in our network or call the 24-hour nurse advice line for immediate response.
- In case of emergency, call 911 or go to your nearest emergency room.

How to enroll

Write *Health Net HMO* on your application. If you need assistance choosing a doctor or completing the form, call **1-888-231-9473**, option 3.



1-800-932-PLAN (7526) Call 8 a.m. to 5 p.m., Monday–Friday English, Spanish, Hmong, Vietnamese, and Cambodian

Why Choose Health Plan of San Joaquin (HPSJ)?

- ACCESS... You can access all 7 hospitals in the county and hundreds of doctors including many pediatricians!
- HEALTH INFORMATION... You can speak to a nurse by phone and listen to our telephone library to learn about diabetes, asthma, and more!
- **PERSONALIZED SERVICE...** We're just a phone call away and conveniently located in Stockton. You can receive application assistance and other information simply by visiting our office!
- AFFORDABLE RATES... As the Community Provider Plan for San Joaquin County, our premiums range from \$4 per child to a maximum of \$18 per family!

ONE more reason to CHOOSE HPSJ...

HPSJ is the most commonly selected plan in San Joaquin County... you may have family, friends or neighbors who are also members of our plan!

How the Plan Works

When you enroll, you select your child's primary care doctor from our Provider Directory. This doctor will oversee your child's healthcare. You may change your child's doctor monthly.

Need specialty care? Your child's primary care doctor will refer you to an HPSJ specialist. If the appropriate specialist is not available within our network, we will assist your doctor in locating a specialist outside our network.

We will send you an identification card listing your child's doctor. Present this card each time you seek medical services. We encourage you to schedule an appointment with your doctor for preventive care as soon as you become a member.

In an emergency, always go to the nearest hospital. For non-emergency care, contact your child's doctor or our advice nurse 24 hours a day, 7 days a week.

How to Enroll

It's easy! Write *HPSJ* in Box 51 of your application. Have questions or need application assistance? Call 1-800-932-PLAN (7526).



1-800-750-4776 Call 8 a.m. to 6 p.m. English, Spanish and Tagalog

Why Choose The Health Plan of San Mateo?

So you can get the health care you need from the doctors, clinics, and hospitals you know! HPSM has operated locally in San Mateo County for 14 years and last year served 40,000 people. We work with over 90 percent of the doctors in the county. We also work with 9 local hospitals, and more than 100 pharmacies. We have doctors who speak your language, understand your culture, and are close to your home or work. We are the Community Provider Plan for San Mateo County. This means that the Healthy Families monthly premium for children is a minimum of \$4 per child per month to a maximum of \$18 for all children in your family. The monthly premium for parents is \$7 or \$17 per parent per month. Amounts vary based on family income.

How the Plan Works

Each Healthy Families member chooses a Primary Care Physician (PCP). Your PCP takes care of most of your basic health care needs. If there is an emergency, call your PCP anytime, including nights and weekends. As soon as you have chosen a doctor, we invite you to set up appointments with your PCP for immunizations, preventive care, and routine care.

You can change your PCP at any time. The changes will take place the next month or the month after.

If needed, your PCP will refer you to one of our many specialists. Members can get family planning and prenatal care without a referral. If you need medicine, your doctor will write you a prescription.

What if I have a question about HPSM?

If you need help, or have a problem, call HPSM's Member Services Representatives.

How to Enroll

To become one of our members, write *HPSM* on your Healthy Families application.



1-866-294-IEHP(4347)

Call 8 a.m. to 5 p.m., Monday–Friday Bilingual Staff–English and Spanish Plus Over 140 Other Languages

Why pay 50-75% more for the same insurance? IEHP has the lowest rates in the Inland Empire.

Why Choose Inland Empire Health Plan (IEHP)?

- Your family comes first—We're a non-profit health plan. We think of your family's health first, not money.
- Any help you need, you'll get!—Our Member Services Department has been rated in the top 10% in the nation for customer service. Plus we're local... you can stop by to see us with your concerns.
- You're in charge—Choose from over 600 Doctors, 23 major Hospitals, and more than 600 Pharmacies.
- We care about keeping you healthy—IEHP offers you one of the top-rated health education programs in California.
- It's the Smart Choice—The nation's premier quality monitoring organization for HMOs (NCQA) has awarded IEHP a "Commendable Accreditation." That means a high level of quality care for your family.

How the Plan Works

Choosing A Doctor: You'll choose a Primary Care Doctor who will be responsible for your medical care. If you want to change Doctors for any reason, all it takes is a phone call to IEHP Member Services.

Getting Your Prescriptions: IEHP's large network of Pharmacies lets you get your prescriptions right in your own neighborhood.

Seeing A Specialist has never been easier: Your Doctor can refer you directly to a Specialists for your first appointment. There's no wait for approvals. Female Members can see their OB/GYN without a referral from their Doctor.

Medical Help is always just a phone call away: If you need advice and your Doctor's office is closed, IEHP has nurses available to help you every night, and on holidays and weekends.

How to Enroll

Write **IEHP** as your choice of plan on the application. **Or call us toll-free at 1-866-294-IEHP(4347)**. Our bilingual staff can help you fill out the application.



1-800-464-4000

Call 7 a.m. to 7 p.m., 7 days per week English, Spanish, Mandarin Chinese, Cantonese, Cambodian, Farsi, Hmong, Laotian, Russian, Vietnamese

Why Choose Kaiser Permanente?

Kaiser Permanente physicians and health care professionals work together to give you comprehensive health care benefits. The benefits include:

- · Physician and hospital services for your child
- · Health education services and materials
- Urgent care clinics available on a same-day basis
- Laboratory, X-ray, and pharmacy services conveniently located at each medical facility
- Medical advice by phone and emergency services available 24 hours a day
- Well-baby care and immunizations
- · Convenient evening and weekend hours
- Virtually no paperwork

Getting Started:

Once enrolled, you will receive:

- A Kaiser Permanente ID card for each member enrolled
- The Guidebook to Kaiser Permanente Services—a useful guide to our medical facilities including addresses, phone numbers, directions and maps
- *The Healthwise Handbook*—a self-care guide for you and your family with helpful tips for over 180 health care problems

Getting Care:

Upon your effective date of enrollment, you have access to Kaiser Permanente Healthy Families Program benefits and services. At that time, we encourage you to select a personal physician for each member of your family.

You can make an appointment by calling the appointment desk at the Kaiser Permanente facility that is most convenient for you.

How to Enroll

Write *Kaiser Permanente* as your choice of health plan on the Healthy Families Program application.



1600 Norris Road Bakersfield, CA 93308 1-800-391-2000

Member Services M - F 8 a.m. - 5 p.m. English and Spanish

Why Choose Kern Family Health Care?

KFHC is here to make sure you receive quality health care with a doctor you like. KFHC is local, our providers are local, our services are local and we have a strong commitment to our community. We have a large provider network which includes doctors, clinics and hospitals in Kern County. We also offer health education classes and services to help you stay healthy. KFHC is the Community Provider Plan (CPP) in Kern County. This designation allows us to offer premiums that range from \$4 - \$6 per child per month and \$7- \$17 per parent subscriber per month. Simply call KFHC Member Services at 1-800-391-2000 or the Healthy Families Program at 1-800-880-5305.

How the Plan Works

- ▶ Each member chooses a primary care doctor from our list. This doctor will help you with all of your health care needs.
- ♥ If you need special care, KFHC will refer you to a KFHC specialist.
- ▶ Each time you need health services, you make an appointment with the doctor you choose and present your KFHC ID card.
- ♥ Prescription drugs are covered. Visit any pharmacy listed and show your KFHC ID card.

Kern Family Health Care Services

- ♥ More than 500 health providers to take care of you.
- **♥** 12 hospitals to serve you.
- **▼** 24 Hour Advice Nurse.
- ◆ As a member, KFHC offers health education classes: How to eat right, How to care for your baby, How to lose weight or Stop smoking.
- Interpretation Services.
- KFHC offers two benefit plans: one includes elective abortions and the other excludes elective abortions.

How to Enroll in Kern Family Health Care

Write the number 1015 and *Kern Family Health Care* in box 51 on the application.



1-888-839-9909

Call 8 a.m. to 5 p.m. Monday - Friday
We speak <u>your</u> language!
English, Spanish, Chinese, Armenian, Vietnamese, Khmer
plus many other languages

Why Choose L.A. Care Health Plan?

We focus on you and your family!

- We're local We serve every city and community in Los Angeles County.
- We're not-for-profit You and your family matter the most to us.
- We're nearby If you have questions or need help, you can call or visit us. L.A. Care's headquarters is in Downtown LA. We have community centers in South Los Angeles, East Los Angeles and the Antelope Valley.

L.A. Care is here to help you and your family get the best possible health care from the doctors, hospitals, clinics and pharmacies you know and trust.

How the Plan Works

- Choose your doctor You can select any doctor and provider group in our network. If you need help choosing a doctor, please call us or visit our web site at www.lacare.org
- Check ups Your child will have a free first check up, yearly health check-ups and well-child visits.
- **Specialists** Your primary care physician will set up an appointment for specialist care when necessary.
- **Pharmacies** Rite-Aid and Sav-On are some of the many pharmacies in L.A. Care's pharmacy network you can go to. You can call us to find the Rite-Aid nearest you.
- 24/7 You get can health care services 24-hours a day, 7-days a week.
- OB/GYNs Female members can see an OB/GYN doctor without a referral.
- Free emergency transportation.

How to Enroll With Us

Questions? - Please call us at our toll-free phone number: 1-888-839-9909. We can help you with your application.

On the form - Write *L.A. Care Health Plan* (code "1016") on the enrollment form and select a primary care physician. If you qualify for Healthy Families, L.A. Care will mail you your membership card. We will also send you a welcome packet with all the information you will need.



1-800-986-4649 Call 8:30 a.m. to 5:30 p.m. English, Spanish and other languages

Why Choose Molina Healthcare of California? *Experience:* For more than 20 years, Molina has provided quality care to California families. Families have grown up with Molina.

Choice: Molina is a private health plan that contracts with over...

- 2031 Primary Care Physicians
- 4302 Specialists
- 73 hospitals
- · 2160 pharmacies
- 969 vision care providers

24-Hour Nurse Advice Line: Molina offers a 24-hour, 7-day a week Nurse Advice Line staffed by registered nurses.

Same-Day Appointments at a Molina clinic: Molina offers same-day appointments at our 21 conveniently-located Molina Medical Centers' clinics.

Family-Centered Care: Molina provides prenatal and asthma management programs designed to keep you and your family healthy.

How the Plan Works

- After you enroll with Molina Healthcare of California, you will receive a Welcome Packet that describes our health benefits in detail.
- Your first step is to select a Primary Care Physician from our directory.
 You may also choose a Primary Care Physician from one of our 21 conveniently located Molina Medical Centers' clinics, all of which offer same-day appointments.
- Consider your Primary Care Physician your partner for good health. He
 or she will determine if you need to see a specialist and will make the
 necessary arrangements. Women may see an OB/GYN without a referral.
- You will receive a listing of our participating pharmacies, hospitals and vision providers.
- If you need medical advice and are unable to contact your physician, Molina offers a 24-Hour Nurse Advice Line. Experienced registered nurses will assist you. In an emergency, you are advised to call 911.

How to Enroll

Simply select "*Molina*" on the application form. If you need help with selecting a doctor that best fits your medical needs, give us a call at **1-800-986-4649**. Our Member Services Representative will be happy to assist you with the application form.



1-800-288-5555 Call 8 a.m. to 6 p.m. English, Spanish, Chinese, & Vietnamese

Why Choose San Francisco Health Plan?

- Cost: San Francisco Health Plan (SFHP) has been selected as the Community Provider Plan for San Francisco. That means members receive the best medical care at the lowest price. Our members pay a monthly premium rate ranging from only \$4 per child (up to a maximum of \$18 per family) to \$7 per parent (up to a maximum of \$17 per parent per month).
- Choice: You select your own primary care doctor and can choose from a large network of doctors, clinics, hospitals, and pharmacies all in your neighborhood.
- Care: Our doctors and staff speak your language and understand your concerns. We have a strong commitment to our community and the health of our members. And San Francisco Health Plan is proud to be the only Plan selected to offer the Healthy Kids program in San Francisco.

How the Plan Works

- Getting Started: When you first enroll in SFHP, you choose a personal primary care doctor. We have doctors who speak many languages, located throughout San Francisco. We can help you find a doctor who is right for you and your family and you can change doctors for any reason as often as once a month. The doctor you choose will help you with all health care needs and will refer you to a specialist or hospital if needed.
- Member Services: You will receive a welcome packet with complete
 membership information on how to use services, along with a Member
 ID card. Carry this card with you at all times and present it at personal
 doctor appointments or at your pharmacy to pick up prescriptions. At
 San Francisco Health Plan, we are here for all your health care needs 24 hours a day, 7 days a week.

How to Enroll

It's easy! Simply write **San Francisco Health Plan** on your Healthy Families application. If you have any questions or need help choosing a doctor, call our Customer Service Department at 1-800-288-5555.



1-800-421-2560 ext. 325

Call toll free 8 a.m. to 5 p.m., Monday–Friday Spanish and English plus other languages—using AT&T interpreters

Serving all communities in Santa Barbara County

including

Santa Maria - Santa Ynez Valley - Lompoc - Santa Barbara - Carpinteria

Why Choose Santa Barbara Regional Health Authority?

- Lowest rates in Santa Barbara County
 \$4 per child to \$18 maximum for all children in the family per month;
 \$7 to \$17 per parent per month
- Access to
 - over 300 individual doctors
 - health centers including:
 - American Indian Health & Services
 - Community and Neighborhood Clinics
 - County Health Clinics
 - all hospitals in this County
 - 50 pharmacies

Santa Barbara Regional Health Authority (SBRHA) is your local health plan headquartered in Santa Barbara. We help thousands of people per year! Our member services staff live and work here and know the community. They are available for you daily from 8 a.m. to 5 p.m. at **1-800-421-2560 ext. 325.**

How the Plan Works

It's easy!

- Choose SBRHA and pick one of the Primary Care Physicians (PCP) from our list (almost all offices speak Spanish). We will send you an ID card and evidence of coverage.
- The PCP you choose will provide care and refer you to other doctors if needed. (You can change PCPs anytime.)
- You can even call some of the other doctors yourself:
 - gynecologists for yearly well woman exams
 - chiropractors for 20 visits per year
 - acupuncturists for 20 visits per year
 - Sansum Santa Barbara Medical Foundation Clinic for urgent care.
- Plus, you can get the prescriptions you need from pharmacies right in your neighborhood.

How to Enroll

Write <u>Santa Barbara Regional Health Authority</u>, the plan code <u>1020</u>, and the PCP you want on your application.

If you have questions, call us toll free at **1-800-421-2560** ext. 325. Or visit our web site at www.sbrha.org.



1-800-260-2055 Call 8:30 a.m. to 5:30 p.m. Call the Nurse Advice Line 24-hours English, Spanish, Vietnamese, and others

Why Choose Santa Clara Family Health Plan?

- You get the lowest rates in Santa Clara County. Your monthly rates for Family Health Plan-Children's Coverage range from \$4 per child to \$18 per family. Your monthly rates for family health Plan-Parental Coverage range from \$7 to \$17 per subscriber parent.
- You choose your own doctor. We have more than 1,300 doctors, 10 hospitals and 170+ pharmacies throughout Santa Clara County.
- We are non-profit and local, so we put *your* needs first.
- Over two-thirds of the Healthy Families Program subscribers in Santa Clara County choose Family Health Plan.
- You not only get comprehensive benefits, including doctor visits, well-baby care, prescriptions, hospital and lab services,
- You also get: free telephone nurse advice line 24-hours, 7 days a week, acupuncture, chiropractic services, interpreter services, asthma programs, and health education classes.
- Our Plan has been chosen by the community as the only plan to offer the Healthy Kids Program.

How the Plan Works

- You will get a new member welcome call and an invitation to come to a member welcome reception and orientation.
- You will be invited to participate on our Consumer Advisory Committee.
- You can change doctors any time for any reason.
- Your doctor will refer you to a specialist when you need to see one.
- You can use any of our 170 pharmacies, including Longs, Walgreens, Rite Aid, Sav-On, Safeway, Albertsons, and many other neighborhood drug stores.
- Women can see their OB/GYN without any referral.
- We're here for you all day, every day. If you need care, and your doctor's office is closed, you may go to the emergency room or call 911. Call your doctor any time of the night, 7 days a week; or call our nurse advice line 24 hours a day.

How to Enroll

Write *Santa Clara Family Health Plan* on your application. Call us with any questions at 1-800-260-2055.



1-800-359-2002 Call 24-hours for Nurse Advice Over 140 languages available

Why Choose Sharp Health Plan?

Children's Hospital and Sharp Health Plan are working together to bring you the best health care in San Diego! We offer a wide variety of the highest quality doctors, hospitals, clinics, and other health providers in town. Plus, we're the only health plan that gives you full access to Children's Hospital and associated doctors and specialists. We are a nonprofit health plan. That means all our resources go toward ensuring quality medical care.

Our goal is to keep your family healthy. We encourage regular doctor visits for routine and preventive care. If you or your family get sick, we're there for you. We'll work with your family's doctors to help your family get well again.

When it comes to your family's health, you need a health plan you can count on. In San Diego, there is really only one choice: Sharp Health Plan. You can count on us!

How the Plan Works

You choose a doctor when you enroll. You can have the same doctor for your whole family, or a different doctor for each family member. Call your doctor for all your medical needs, wherever you are, 24 hours a day.

If you need specialty care, your doctor will arrange for you to see a qualified specialist.

In an emergency, call 9-1-1 or go to the nearest emergency room. Wherever you live in San Diego, we have 24-hour urgent care and emergency facilities close by.

When you need prescription drugs, we have pharmacies all over San Diego, including Sav-On, Longs Drugs, Rite Aid, Vons, and many neighborhood pharmacies.

How to Enroll

Just write *Sharp Health Plan* on your enrollment form and choose your doctor. We will call to welcome you to the Plan, answer any questions, and help you start using your benefits immediately.



1-800-544-0088 Call 8:00 a.m. to 5 p.m. Monday-Friday

Why Choose UHP HEALTHCARE?

UHP HEALTHCARE is a federally qualified, non-profit Health Maintenance Organization serving the Southern California community since 1973. Over 100,000 members rely on us for their medical care.

UHP HEALTHCARE offers an extensive network of primary care physicians (PCPs) and specialists. You will find medical offices with convenient locations and hours, as well as a network of physicians who speak over 30 languages.

It is UHP HEALTHCARE's goal to keep you as a satisfied member. Should you have questions, comments, or concerns regarding benefits or accessing services, contact Member Services.

How the Plan Works

At enrollment you select a Primary Care Physician (PCP) from among our network providers. This physician takes care of your routine needs and specialist referrals.

Once enrolled, you receive a UHP HEALTHCARE membership card. Present it when you request services. There are no claim forms. On the card are the telephone numbers that you may call at any time for advice. Your UHP card is also used to receive prescriptions from the network pharmacies. There is also a drug mail-in program for members who require medications on a long-term basis, for chronic illnesses.

To change to a new PCP, call Member Services at the number above and request a transfer form. If the request is received by the 25th of the month, it will be effective the next month.

If you require emergency medical services at home or anywhere in the United States, you are covered. In the case of an emergency, please contact your doctor as soon as possible.

How to Enroll

Write *UHP HEALTHCARE* in the space provided on your Healthy Families application. We will be pleased to help you select the Medical Group that fits your location and language needs.



1-800-974-3348 Call 8:00 am to 8:00 pm PST 140 other languages thru AT&T Language Line

Why Choose Universal Care?

Universal Care was designed with your family's health care needs in mind. We provide comprehensive health care services, a member services toll-free "800" number for questions and personal assistance, a 24-hour Nurse Advice Line and an extensive choice of primary care physicians with convenient weekend hours.

<u>Universal Care was recently awarded a Commendable accreditation by the National Committee for Quality Assurance (NCQA).</u>

<u>In Los Angeles County, we partner with Community Health Plan, to bring you an affordable premium and a large network of public and private physicians and hospitals.</u>

How the Plan Works

With Universal Care you have a choice of doctors to choose from at the time of enrollment, and you can select a doctor for the entire family or a different doctor for each family member. Because doctor choice is important, you can change your doctor once a month.

Once you have chosen your doctor and if you need specialty care, they will assist you with any referrals. Our female members may see an OB/GYN doctor directly without a referral.

For emergency or urgent care, you may call the 24-hour emergency toll-free number listed on the Member Identification Card, and trained medical personnel will be available to assist you.

How to Enroll

To enroll in the Universal Care's Health Plan, simply write "Universal Care" in box 51 of the Enrollment Application, and enter Plan Code #1026. In box 54, write the doctor's name from the Provider Directory. In Los Angeles County, please use Plan code CHP/1008 and the Universal Care Doctor Code.

If you need assistance in selecting a doctor in your area, please call the toll-free number listed above.

We look forward to welcoming your family as our newest Universal Care Health Plan members.



1-805-677-8787 or 1-800-600-VCHP English and Spanish

Why Choose Ventura County Health Care Plan?

Our Health Plan was developed specifically for the residents of Ventura County and has been designated the "Community Provider Plan" for this area by the State of California. This means that we have done the best job of making traditional and safety net health care providers available to care for you and your children. Our doctors are located in your neighborhood and are the same ones your family has depended on before for medical care.

How the Plan Works

- You choose the primary care doctor who will be you or your child's regular doctor.
- You have the freedom to change primary care doctors, should you desire, simply by contacting our Member Services department.
- You will receive a *Healthy Families Member ID Card* for medical services and prescriptions.
- Your and your child's primary care doctor will arrange for all specialist and hospital care when necessary.
- Female members can see an OB/GYN doctor without having to be referred by their primary care doctor.
- Prescription drugs are available from most pharmacies in your community, including Long's, Sav-On, Rite Aid, Medicine Shoppe, Costco, Vons, K-Mart, and many neighborhood pharmacies.
- Certain prescriptions can be sent to you by mail.
- Wherever you live in Ventura County, we have 24-hour urgent care and emergency facilities close by.
- Emergency follow-up care will be provided by you or your child's primary care doctor.
- You can call one of our Member Services representatives any time you have questions.

How to Enroll

Write **VCHCP** on your Healthy Families Program application. Write the name of the medical group or physician you select for each child or teen in the space indicated on the form. If you need assistance selecting a doctor that best fits your special needs, or have any other questions about the VCHCP health plan, please give us a call at (805) 677-8787. We're here for you!



1-888-849-8440 8:30 a.m. to 6 p.m. English and Spanish

Why Choose Access Dental

We have a large number of general and specialist dentists from whom to choose. Our dentists understand the needs of families and provide top quality care.

We make it easy for you. Access dentists are located all over California, so there is likely to be one in your neighborhood. We have many dentists who speak Spanish and other languages. Our network dentist offices are open at least 30 hours a week.

With Access Dental you can get the help you need. We will help you find a dentist near your home, who speaks your language - call us toll-free at 1-888-849-8440.

How Access Dental Works

When you join Access, you choose a primary care dentist. This is the dentist who regularly takes care of your teeth. We want you to choose a dentist that is right for you - the right location, the right language, and the right office hours. If you need to change dentists, you can - just call us **toll-free at 1-888-849-8440** and we will help you make the change.

After you choose a dentist, you can call for an appointment. You can usually be seen for check-ups, routine, or follow-up care within one week. If you need a specialist, ask the primary care dentist first. The dentist will work with Access to find the best specialist for you.

Access dentists can treat emergencies during office hours on the same day you call. If you cannot reach your primary care dentist, go to the closest dentist or emergency room, no matter where you are. Emergency care is available 24 hours a day.

You may call our toll-free line for assistance scheduling any type of appointment (1-888-849-8440).

How to Enroll

Write Access Dental on your enrollment form in the space provided.



Delta Dental Plan of California

1-877-580-1042 7:15 a.m. to 5:00 p.m. Monday - Friday English and Spanish Interpreter Services Available for Other Languages

Why Choose the Delta Dental Plan?

Delta Dental has provided dental benefits to Californians since 1955. Delta is the oldest and largest dental benefits carrier in California, covering 15 million enrollees. We are a non-profit corporation committed to serving customers with the highest quality dental care.

How the Plan Works

As a member of Delta Dental, you have access to over 7,800 network dentists, including specialists. You do not need a referral to see a specialist; just call the specialist directly for an appointment.

With Delta, you can visit any network dentist you wish, and you can change dentists at any time without notifying us. But, it is best to find a dentist you like in your area and see that dentist regularly.

If you cannot find a dentist in your area who speaks your language or has wheelchair access, call our toll-free Customer Service telephone number listed above and we will help you find a dentist.

All network dentists provide access to emergency care 24 hours a day, seven days a week. First, call your dentist if you have an emergency. If you cannot reach your regular dentist, or if you have not yet visited a network dentist, call our toll-free Customer Service number for assistance. This also applies if you are out of your area or out of state. You are covered for dental emergencies no matter where you are.

Delta's Customer Service Department staff speak many languages. Call our toll-free telephone number, and you will be assisted in your language or helped to obtain an interpreter. Our goal is to provide each member with quality dental care.

How to Enroll

Write Delta on your application in the space provided.



1-800-766-7775

Call 7 a.m. - 7 p.m. Monday - Friday 8 a.m. - 1 p.m. Saturday English and Spanish plus Interpreter Services Available for Other Languages

Why Choose Health Net Dental?

Health Net Dental, Inc. (Health Net Dental) was established in 1972 and currently provides coverage for nearly one-half million Californians. Health Net Dental has over 1400 Primary Care Dentists serving Healthy Families Program members.

How the Plan Works

When enrolling with Health Net Dental, you need to choose a Primary Care Dentist from Health Net Dental's list of providers. Different family members may select different dentists. Our list of providers indicates what ages of members the dentist will see and what languages they speak in each office.

Upon enrollment, Health Net Dental will send a membership card that indicates the Healthy Families Program member's Primary Care Dentist. You may change Primary Care Dentists by calling Health Net Dental's Customer Service Department before the 20th day of the month. Members may see the new dentist beginning on the first day of the next month. On average, an appointment for a routine check-up will be scheduled two-three weeks from the date that you call for an appointment. When you attend the appointment, you should be seen within 30 minutes. If a specialist is needed, the Primary Care Dentist will get a referral from Health Net Dental. Health Net Dental must approve the referral before a specialist is seen.

If emergency dental care is needed, call the Primary Care Dentist for an appointment right away. If the emergency happens at night or on the weekend, call Health Net Dental's Customer Service Department 24 hours a day, 7 days a week for instructions. If a Participating Dentist is not available, you may get emergency dental care from any dentist.

How to Enroll

Write *Health Net Dental* on the application in the space provided.



1-888-584-5830 8:30 a.m. to 6 p.m. English and Spanish

Why Choose Premier?

More choices - Premier has a large network of providers that have been credentialed by us. In areas where there are no network providers close to your residence, Premier will allow you to receive care from any provider. Under our program, you are guaranteed access to a provider, either a network provider or a non-network provider in areas where there are no contracted providers.

More flexibility - you can choose a provider for any reason you think is important. You can change your dentist at any time. You can choose a dentist whose office is the most convenient for you, and who speaks your language.

More help - you can call Premier's toll-free telephone help line at 1-888-584-5830 for answers to your questions, help finding a certain kind of dentist, or help scheduling appointments.

How Premier Works

When you join Premier, you can you can go to any of the PPO dentists in your community. If in your area there are no PPO dentists, we will refer you to a non-network dentist or you may select your own dentist in those areas. After you choose a dentist, you may call for an appointment.

If you need a specialist you can ask your Premier primary care dentist for a referral.

Whenever you visit any dentist, take your Premier identification card along. When you show this card at the dentist's office they will call us to verify your eligibility and benefits.

Premier primary care dentists treat emergencies during office hours on the same day you call. If you cannot reach your regular dentist, go to the closest dentist or emergency room, no matter where you are. Emergency care is available 24 hours a day.

How to Enroll

Write *Premier* on your enrollment form in the space provided.



Universal Care Dental 1-800-635-6668 Call 8:00 a.m. to 6:00 p.m. PST English and Spanish

Why Choose Universal Care?

Universal Care was designed with our members' dental care needs in mind. Discover the quality of care and service that our members enjoy...all at an affordable premium with a convenient network of quality dentists and dental specialists.

We provide comprehensive dental services, such as regular check-ups, preventive services, a member advocate "800" number for questions and personal assistance, a 24-hour, 7-days per week Advice Line staffed by trained personnel, and an extensive choice of dentists.

How the Plan Works

It's simple! All dental care is provided by an organized group of dentists, registered dental assistants, and other dental care professionals who work together as a team to deliver dental care in a fully coordinated manner. All dental care and treatment is arranged by your selected primary dental location, with the exception of emergency care. The time between making an appointment and receiving a checkup is less than two weeks, follow up care is between 2-4 weeks or within 24 hours for emergencies.

At the time of enrollment, you will select a Primary Care Dentist from our extensive list of qualified dentists. You may change your dentist as often as you desire by calling the member services department.

Your dentist will assist you if a referral for specialty care is needed.

For emergency or urgent care, call the 24-hour emergency toll-free number listed on the Member Identification Card and trained personnel will be happy to answer any questions.

How to Enroll

To enroll in the Universal Care's Dental Plan, simply write "Universal Care" in box 52 of the Enrollment Application. Then select a Primary Care Dentist from the Provider Directory. If you need assistance in selecting a dentist in your area, please call the toll-free number listed above.

We look forward to welcoming you or your family members as our newest Universal Care Dental Plan subscribers.



1-800-877-7239 Call 6 a.m. to 6 p.m. Monday - Friday 6:00 a.m. to 2:30 p.m. Saturdays English and Spanish (Interpreter Services Available for Other Languages)

Why Choose VSP?

Vision care is a very important health benefit. Regular eye care can prevent or lessen the severity of a number of serious medical conditions. More than 30 medical conditions, ranging from glaucoma to diabetes, can be detected during a routine eye examination. Founded in 1955, VSP began providing high quality, complete eye care services to members. Today, VSP is the nation's largest eye care provider and covers more than 10 million Californians. VSP's provider network includes over 3,000 optometrists and ophthalmologists throughout California.

How the Plan Works

Simply contact a VSP provider. If you do not have a list of VSP member doctors, call VSP's Customer Service Department at 1-800-877-7239, or write to: VSP, Customer Service, P.O. Box 997100, Sacramento, CA 95899-7100. When making an appointment, identify yourself as a VSP member through Healthy Families and provide the subscriber's identification number. The participating doctor will contact VSP to verify eligibility and plan coverage. At your appointment, your doctor will provide an eye examination and determine if eye wear is necessary.

You pay only a \$5 co-payment to the doctor for the eye exam and a \$5 co-payment for glasses. Your doctor will bill VSP directly for covered services (you may be charged extra for non-covered cosmetic options). If you elect contact lenses, a \$5 co-payment will be required for the eye exam.

Patient Guarantees

All VSP doctors provide both eye examinations and eye wear, providing a convenient "one stop" means of obtaining eye care services. Patient satisfaction is guaranteed when services are obtained from a VSP doctor.

How to Enroll

Write **VSP** on your application in the space provided.